

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/11/2015
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154005 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BLDG B. WING _____ | | (X3) DATE SURVEY COMPLETED R 10/30/2014 |
| NAME OF PROVIDER OR SUPPLIER RIVER BEND HOSPITAL | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2900 N RIVER RD WEST LAFAYETTE, IN 47906 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| {K 000} | <p>INITIAL COMMENTS</p> <p>Paper compliance to the Post Survey Revisit (PSR) conducted on 08/15/14 to the Life Safety Code Recertification Survey conducted on 05/15/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 482.41(b).</p> <p>Review Date: 10/30/14</p> <p>Facility Number: 005172 Provider Number: 154005 AIM Number: 100273160A</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>River Bend Hospital was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies.</p> | {K 000} | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

11/19/2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.